

APPLICATION FOR REEXAMINATION AS A CERTIFIED SHORTHAND REPORTER

For Office Use Only
Cash No. _____

Application must be submitted 30 days prior to examination.

\$40 FEE must accompany this application. Remit by money order, cashier's check or personal check payable to the Court Reporters Board of California.

DO NOT SEND CASH. A \$10 charge will be imposed for returned checks.

Read enclosed materials carefully before completing and submitting this application. The information requested is required under Chapter 13, Article 3 of the Business and Professions Code. All items are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine eligibility for examination. The official who is responsible for information maintenance is the Executive Officer to the Board, 2535 Capitol Oaks Drive, Suite 230, Sacramento, CA 95833, (916) 263-3660. Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Pub. L. 94-455 [42 U.S.C.A. 405(c) (2)(C)] authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code. Any known or foreseeable interagency or intergovernmental transfer which may be made of the information, when necessary, or other Federal, State and local law enforcement agencies. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. If additional space is needed to complete any section of this application, use additional sheets. You have a right to review the files on record which are maintained on you by the Board unless the records are exempted under Section 1798.40 of the Civil Code.

(PLEASE TYPE)

1.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">FULL NAME</td> <td style="width: 35%; border-bottom: 1px solid black;">Last</td> <td style="width: 35%; border-bottom: 1px solid black;">First</td> <td style="width: 10%; border-bottom: 1px solid black;">Middle</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <i>Have you ever used any other name? Yes _____ No _____</i> <i>If yes, what was that name?</i> </td> </tr> </table>	FULL NAME	Last	First	Middle	<i>Have you ever used any other name? Yes _____ No _____</i> <i>If yes, what was that name?</i>					
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2.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Residence Address: _____</td> <td style="width: 30%; border-bottom: 1px solid black;">Phone _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City _____</td> <td style="border-bottom: 1px solid black;">State _____ Zip Code _____</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;">(Area Code and Number)</td> </tr> </table>	Residence Address: _____	Phone _____	City _____	State _____ Zip Code _____	(Area Code and Number)					
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City _____	State _____ Zip Code _____										
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3.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Business Address: _____</td> <td style="width: 30%; border-bottom: 1px solid black;">Phone _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City _____</td> <td style="border-bottom: 1px solid black;">State _____ Zip Code _____</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: right;">(Area Code and Number)</td> </tr> </table>	Business Address: _____	Phone _____	City _____	State _____ Zip Code _____	(Area Code and Number)					
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City _____	State _____ Zip Code _____										
(Area Code and Number)											
4.	Birthdate: _____										
5.	Social Security Number: _____										
6.	<p>Have you received a passing grade on the California CSR test in:</p> <p>English _____ Professional Practice _____ Transcription _____</p> <p>Date: _____ Date: _____ Date: _____</p> <p>Date last examined _____</p>										
7.	<p>Experience Record (name, address, and phone number of your present employer)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Dates</th> <th rowspan="2" style="border-bottom: 1px solid black; text-align: center;">Description of Duties, Etc.</th> <th rowspan="2" style="border-bottom: 1px solid black; text-align: center;">Name, address and phone number of employer</th> </tr> <tr> <th style="text-align: center; border-bottom: 1px solid black;">From</th> <th style="text-align: center; border-bottom: 1px solid black;">To</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Dates		Description of Duties, Etc.	Name, address and phone number of employer	From	To				
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From	To										

Please attach additional paperwork if necessary.

8.	Have you previously applied for the California CSR examination? <i>If yes, date last examined?</i> _____	<input style="width: 40px; height: 20px;" type="text"/> Yes	<input style="width: 40px; height: 20px;" type="text"/> No
9.	Have you ever been licensed as a shorthand reporter in this or any other state? <i>If yes, what state(s)?</i> _____ <i>License #:</i> _____ <i>Issue Date:</i> _____	<input style="width: 40px; height: 20px;" type="text"/> Yes	<input style="width: 40px; height: 20px;" type="text"/> No
	Have you ever been licensed as a shorthand reporter under a different name? <i>If yes, what name?</i> _____	<input style="width: 40px; height: 20px;" type="text"/> Yes	<input style="width: 40px; height: 20px;" type="text"/> No
	Have you ever been disciplined by any shorthand reporting state licensing entity? <i>If yes, what state?</i> _____	<input style="width: 40px; height: 20px;" type="text"/> Yes	<input style="width: 40px; height: 20px;" type="text"/> No
10.	Have you ever been convicted of a crime (other than a minor traffic violation), felony or misdemeanor, or entered a plea of nolo contendere? (Convictions dismissed under Penal Code Section 1203.4 MUST be disclosed.) <div style="float: right; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Yes No </div>		
	<i>If answer is YES, please provide ALL (unless previously provided to the Board) the following certified documents for each offense:</i>		
	1. Court order showing final disposition, sanctions, and sentence imposed. 2. Court documents showing all sanctions and sentences have been satisfied. 3. A letter from you, signed "under penalty of the laws of the State of California" indicating <div style="margin-left: 40px;"> a) the circumstances which led to each conviction, b) the specific terms of sentencing for each, and c) the current status of each term of each sentencing order. </div>		
	IMPORTANT: <i>Falsification may result in the denial of your application.</i>		
11.	Have you ever been disciplined by ANY licensing entity in this or any other State?	<input style="width: 40px; height: 20px;" type="text"/> Yes	<input style="width: 40px; height: 20px;" type="text"/> No
	<i>If answer is yes, what licensing entity, in what State/date?</i> _____		

If you are convicted of any crimes or have entered a plea of nolo contendere in this or any other State between the time of this application and the time you pass the examination and apply for licensure, you must notify the Board of this information when applying for licensure. Failure to notify the Board of the above, may result in denial of your application or revocation of your license.

I HEREBY CERTIFY under penalty of perjury under the laws of the State of California that the foregoing application and attached documents are true and correct, under the terms of the Certified Shorthand Reporters Law, with full knowledge of the fact that FRAUD OR MISREPRESENTATION ARE GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION, OF A CERTIFICATE.

Date

Signature of Applicant

IMPORTANT: Fee (certified check, personal check, or money order) and any necessary documents must accompany application.

RETURN TO: Court Reporters Board of California
 2535 Capitol Oaks Drive, Suite 230
 Sacramento, California 95833